

# FEC FORM 9

## 24 HOUR NOTICE OF DISBURSEMENTS/OBLIGATIONS FOR ELECTIONEERING COMMUNICATIONS

### 1. Individual, Organization or Qualified Nonprofit Corporation Making the Disbursement/Obligations

(a) Name

Enterprise Freedom Action Committee

(b) Address (number and street) ☐ check if different than previously reported

1090 Vermont Avenue, NW Suite 800

(c) City, State and ZIP Code

Washington

DC

20005

(d) Name of Employer or Principal Place of Business

(e) Occupation

### 2. FEC Identification Number

C C30001846

### 3. Is This Statement

☒

New

or

☐

Amended

### 4. Covering Period

M M / D D / Y Y Y Y  
1 0 / 2 2 / 2 0 1 0

through

M M / D D / Y Y Y Y  
1 0 / 2 6 / 2 0 1 0

### 5. (a) Date of Public Distribution(s)

M M / D D / Y Y Y Y  
1 0 / 2 6 / 2 0 1 0

(b) Communication Title Trick or Treat

### 6. The filer is a(n): (a) ☐ Individual (b) ☐ Unincorporated Organization (c) ☐ Qualified Nonprofit Corporation (11 CFR 114.10)

(d) ☐ Corporation, Labor Organization or Qualified Nonprofit Corporation making communications under 11 CFR 114.15(e) ☒ Other, specify: Corporation

### 7. Were the disbursements for the electioneering communication made exclusively from donations to a segregated bank account?

Yes ☐No ☐

### 8. Custodian of Records

(a) Name

Kristen Eastlick

(b) Address (number and street)

1090 Vermont Avenue, NW

(c) City, State and ZIP Code

Washington

DC

20005

(d) Name of Employer or Principal Place of Business

Berman and Company

(e) Occupation

Chief Administrative Officer

### 9. Total Donations This Statement

.00

### 10. Total Disbursements/Obligations This Statement

75488.35

Under penalty of perjury, I certify that this statement is true, correct and complete.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

Kristen Eastlick

SIGNATURE Electronically Filed by Kristen Eastlick

DATE 10/27/2010

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this statement to the penalties of 2 U.S.C. 437g.